

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

Department of Health Services
Toxic Substances Control Division
Sacramento, California

JOB NO. 62345 / P.O. #53646

UNIFORM HAZARDOUS WASTE MANIFEST

3. Generator's Name and Mailing Address
KIMBERLY-CLARK
2001 E. ORANGE THORPE AVE.
FULLERTON, CA.

4. Generator's Phone (714) 680-7478

5. Transporter 1 Company Name
CROSSBY OVERTON ERI

7. Transporter 2 Company Name

9. Designated Facility Name and Site Address
OMEGA RECOVERY
12504 E. WHITTIER BLVD.
WHITTIER, CA. 90602

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. **WASTE FLAMMABLE LIQUID, NOS UN1993**

b. **WASTE FLAMMABLE SOLID, NOS UN1325**

c. **HAZARDOUS WASTE SOLID, NOS ORN-E 9189**

d. **HAZARDOUS WASTE SOLID, NOS ORN-E 1529**

12. Containers

A. 1-ADHESIVE, 2-PAINT THINNER, 62-WASTE OIL
B. 7-CONTAMINATED DEBRIS (TYRES, PAPER TOWELS, RAGS, MIXING PALES
GLOVES SOAKED WITH WASTE OIL - 6-EPOXY PAINT
C. 1-DRUM FULL SPRAY PAINT CANS

15. Special Handling Instructions and Additional Information

GLUES

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Walter Condit

Signature

Walter Condit

Month Day Year

10/10/5188

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

KENT A. HALCOMBS

Signature

Kent A. Halcombs

Month Day Year

1/9/85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Henry R. Solomon

Signature

Henry R. Solomon

Month Day Year

01/01/85

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-6802; WITHIN CALIFORNIA CALL 1-800-652-7550